


POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

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Title of Invention	UNOBTRUSIVE STORAGE POCKET				
First Named Applicant :	Ms. Charity Sullivan				
Attorney Docket Number :	006281.00002				
<p>I hereby appoint the registered practitioner(s) at Customer Number:</p> <p>22908</p>  <p>as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>I am the Applicant/Inventor.</p> <p>Full Name of Applicant of Record:</p> <table border="1"><tr><td colspan="2">Ms. Charity Sullivan</td></tr><tr><td>Signature: Charity Sullivan</td><td>Date: 2004-01-09</td></tr></table>		Ms. Charity Sullivan		Signature: Charity Sullivan	Date: 2004-01-09
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